2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# 736146

Entity Name: NORTH RIDGE GENERAL HOSPITAL AUXILIARY, INC.

Current Principal Place of Business:

% CORPORATE TREASURER
5757 NORTH DIXIE HWY
OAKLAND PARK, FL 33334

New Principal Place of Business:

Current Mailing Address:

% CORPORATE TREASURER
5757 NORTH DIXIE HWY
OAKLAND PARK, FL 33334

New Mailing Address:

FEI Number: 59-1768130 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PERRY, MARY A
4709 NW 4TH TERRACE
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WETTACH, BARBARA
Address: 2591 NE 55TH CT., #205
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: SD ( ) Delete
Name: HARTOG, SONYA
Address: 4701 MARTINIQUE DR
City-St-Zip: COCONUT CREEK, FL 33066

Title: TD ( ) Delete
Name: PERRY, MARY
Address: 4709 NW 4TH TERR
City-St-Zip: POMPANO BEACH, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM T. COLEMAN, ATTORNEY ATTY 04/28/2008

Electronic Signature of Signing Officer or Director — Date